

## Foster Family Home - Corrective Action Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-7

58 West Naauao Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 10/29/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection.

*Carol Copeland RN MSW*  
Compliance Manager

*Marisa Viernes LPN*  
Primary Care Giver

*11-21-19*  
Date

*11-21-19*  
Date